January, 2003

Many have asked…

Why the change at this time?

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The Goal...

- Shift the paradigm from survey prep to systems improvement
  - Focus away from the “exam” and “score”
  - Focus toward using the standards to achieve and maintain excellent operational systems

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How?

- Enhance relevance of standards and survey
- Focus on safety and quality of care
- Maintain rigorous but fair evaluation
- Enhance surveyor skill and consistency
- Maximize educational benefit
- Control or lower HCO costs
- Improve customer service

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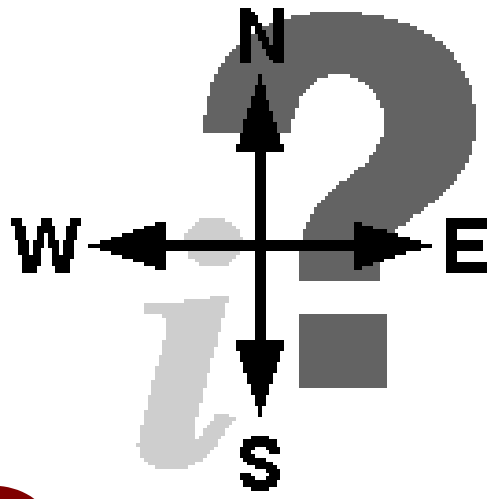
Many have also asked…



How will this initiative impact the Joint Commission's mission and direction in the future?

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Shared Visions—New Pathways will support the mission by...

- Focusing on organizational systems
- Creating a more continuous process
- Focusing on direct care
- Focusing on issues most relevant to the specific organization
- Enhancing consistency in evaluation
- Creating an atmosphere where organizations can use the standards as an operational guide

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Strategies to achieve the vision without lengthening the survey must challenge former assumptions.

Former Assumptions

- New standards or accreditation requirements are simply added to those in existence.
- All standards compliance must be assessed through on-site surveyor observations.

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Strategies

- Complete review of standards
- Electronic request for survey
- Organization self-assessment
- Priority focus process
- Continued use of ORYX data
- New survey agenda
- Major surveyor development initiative
- Revised complex organization survey
- New accreditation decision and reporting approach

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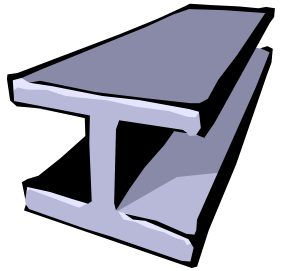
How it’s all coming together…

Standards – the foundation



- All standards extensively reviewed and modified
- An external task force assisted JCAHO
- Standards were rewritten and formatted to provide
  - a paradigm that organizations can use to provide safe, high quality healthcare
  - appropriate evaluation criteria – disclosure of elements of performance

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Extranet Request for Survey

- The Joint Commission's first venture into the e-business environment
  - Available on a secure, password-protected web space
  - Improves the quality and consistency of data
  - Allows for efficiency in analysis of information provided by the HCO

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Organization Self-Assessment

- Relies on the extranet to ensure efficiency
- Facilitates a more continuous accreditation process by incorporating an alternative form of evaluation
- Maximizes educational benefits

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The Self-Assessment Process

- Will become an accreditation participation requirement
- Will be completed between the 15th and 18th month point – no on-site review
- Will include all applicable standards
- Will involve telephone interaction with the Joint Commission for review and approval of corrective action plans
- Will not impact accreditation status, if organization has an approved corrective action plan

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Link Between Self-assessment and On-site Survey

- At the triennial survey, time will be devoted to validating the resolution of corrective action plans.
- Track record requirements remain the same
- Self-assessment may also support appropriate on-site education with surveyors who will have more time available to address specific safety and quality of care issues.

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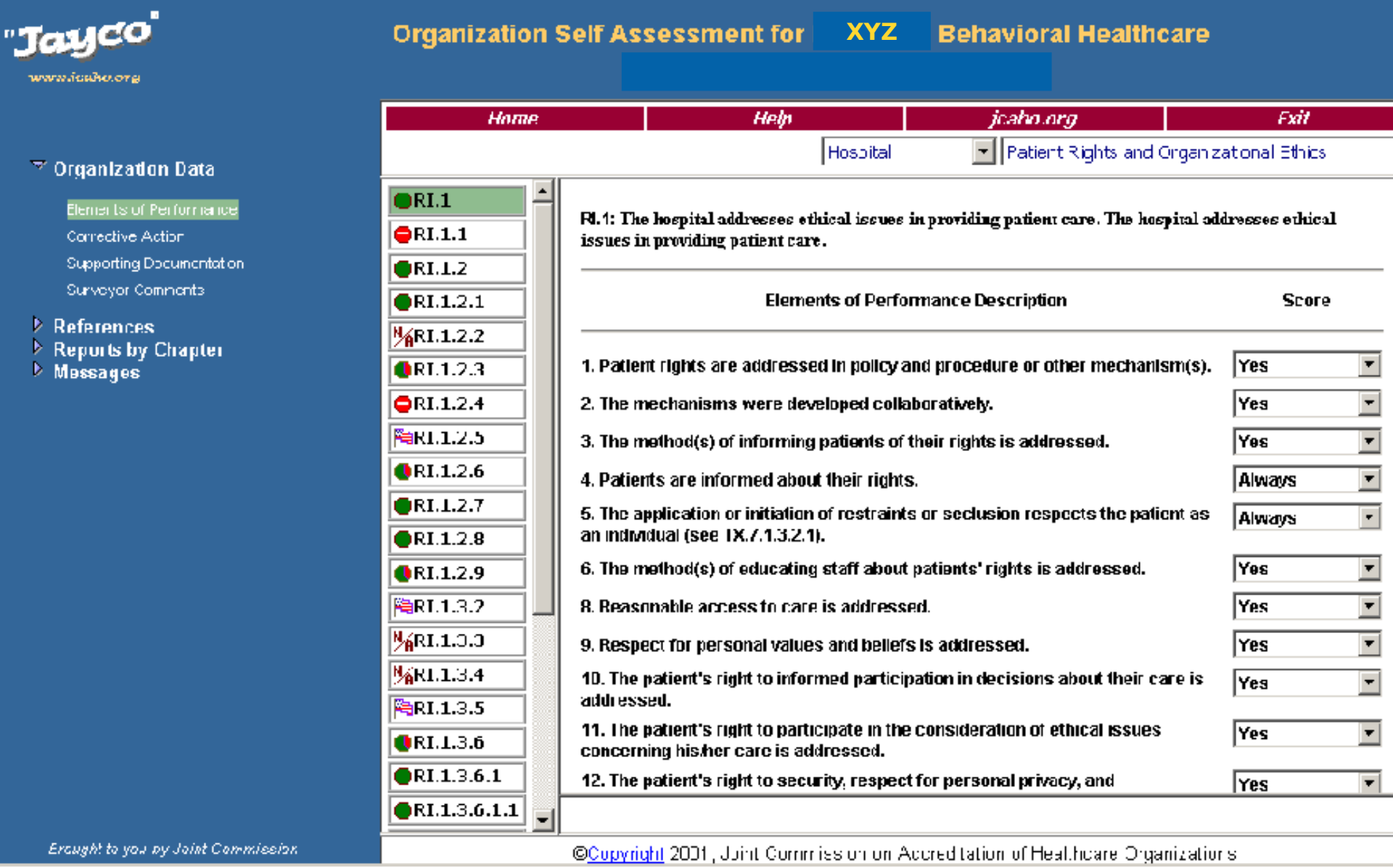
"Jayco
www.jcaho.org
Organization Self Assessment for XYZ Behavioral Healthcare
Home
Help
jcaho.org
Exit
Organization Data
Elements of Performance
Corrective Action
Supporting Documentation
Surveyor Comments
References
Reports by Chapter
Messages
Hospital
Patient Rights and Organizational Ethics
RI.1
RI.1.1
RI.1.2
RI.1.2.1
RI.1.2.2
RI.1.2.3
RI.1.2.4
RI.1.2.5
RI.1.2.6
RI.1.2.7
RI.1.2.8
RI.1.2.9
RI.1.3.2
RI.1.3.3
RI.1.3.4
RI.1.3.5
RI.1.3.6
RI.1.3.6.1
RI.1.3.6.1.1
RI.1: The hospital addresses ethical issues in providing patient care. The hospital addresses ethical issues in providing patient care.
Elements of Performance Description
Score
1. Patient rights are addressed in policy and procedure or other mechanism(s). Yes
2. The mechanisms were developed collaboratively. Yes
3. The method(s) of informing patients of their rights is addressed. Yes
4. Patients are informed about their rights. Always
5. The application or initiation of restraints or seclusion respects the patient as an individual (see IX.7.1.3.2.1). Always
6. The method(s) of educating staff about patients' rights is addressed. Yes
8. Reasonable access to care is addressed. Yes
9. Respect for personal values and beliefs is addressed. Yes
10. The patient's right to informed participation in decisions about their care is addressed. Yes
11. The patient's right to participate in the consideration of ethical issues concerning his/her care is addressed. Yes
12. The patient's right to security, respect for personal privacy, and Yes
Brought to you by Joint Commission
©Copyright 2001, Joint Commission on Accreditation of Healthcare Organizations

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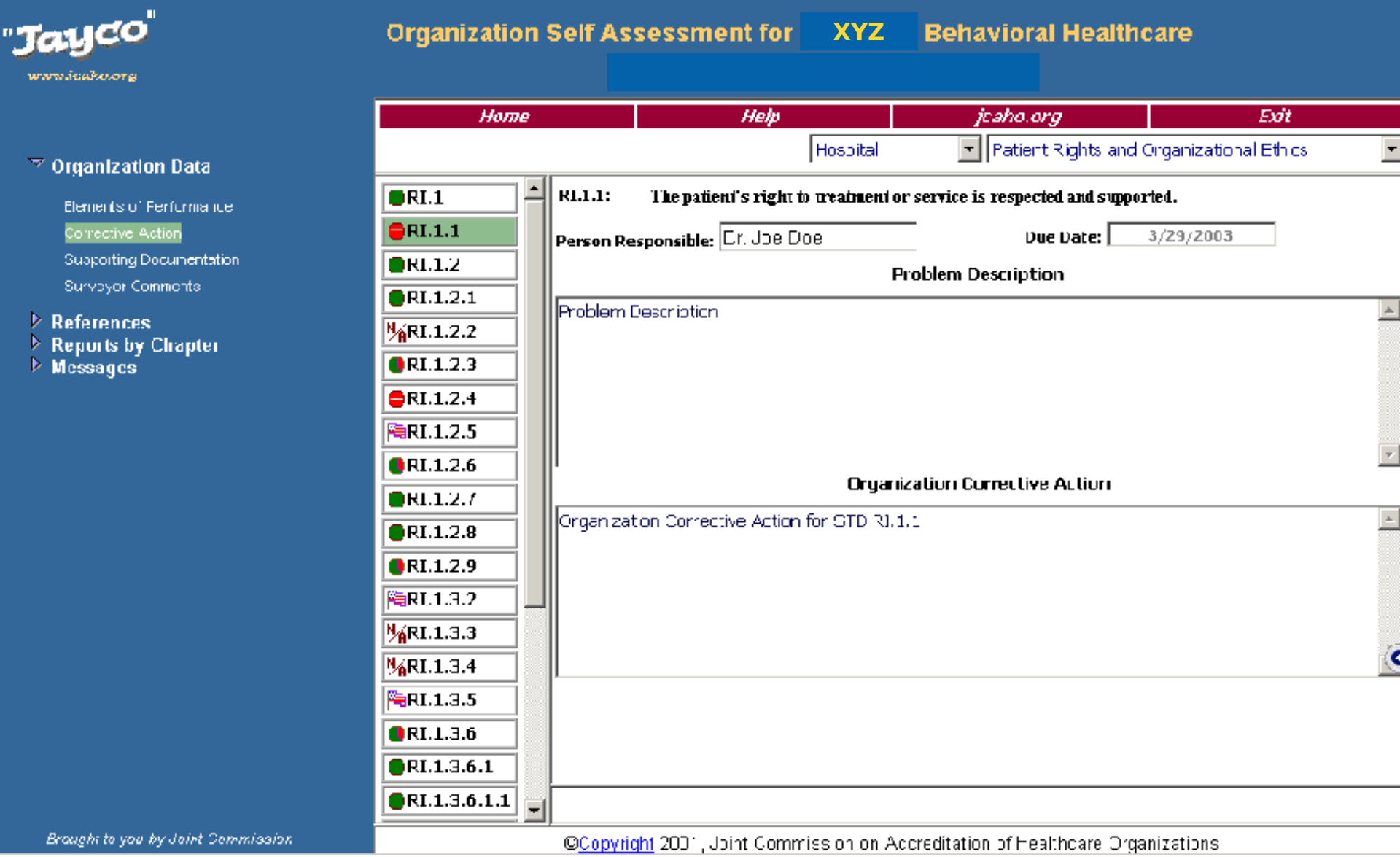

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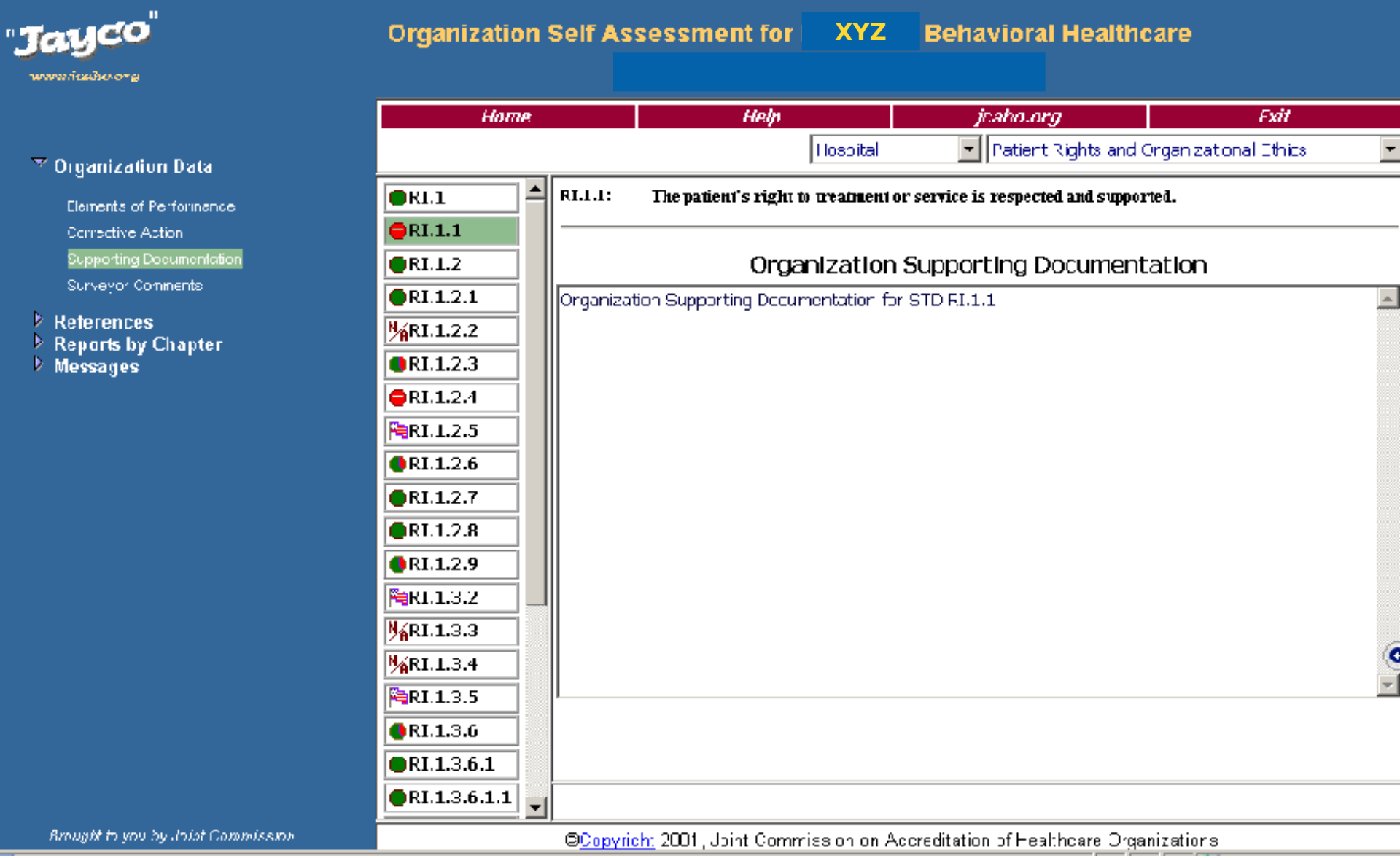

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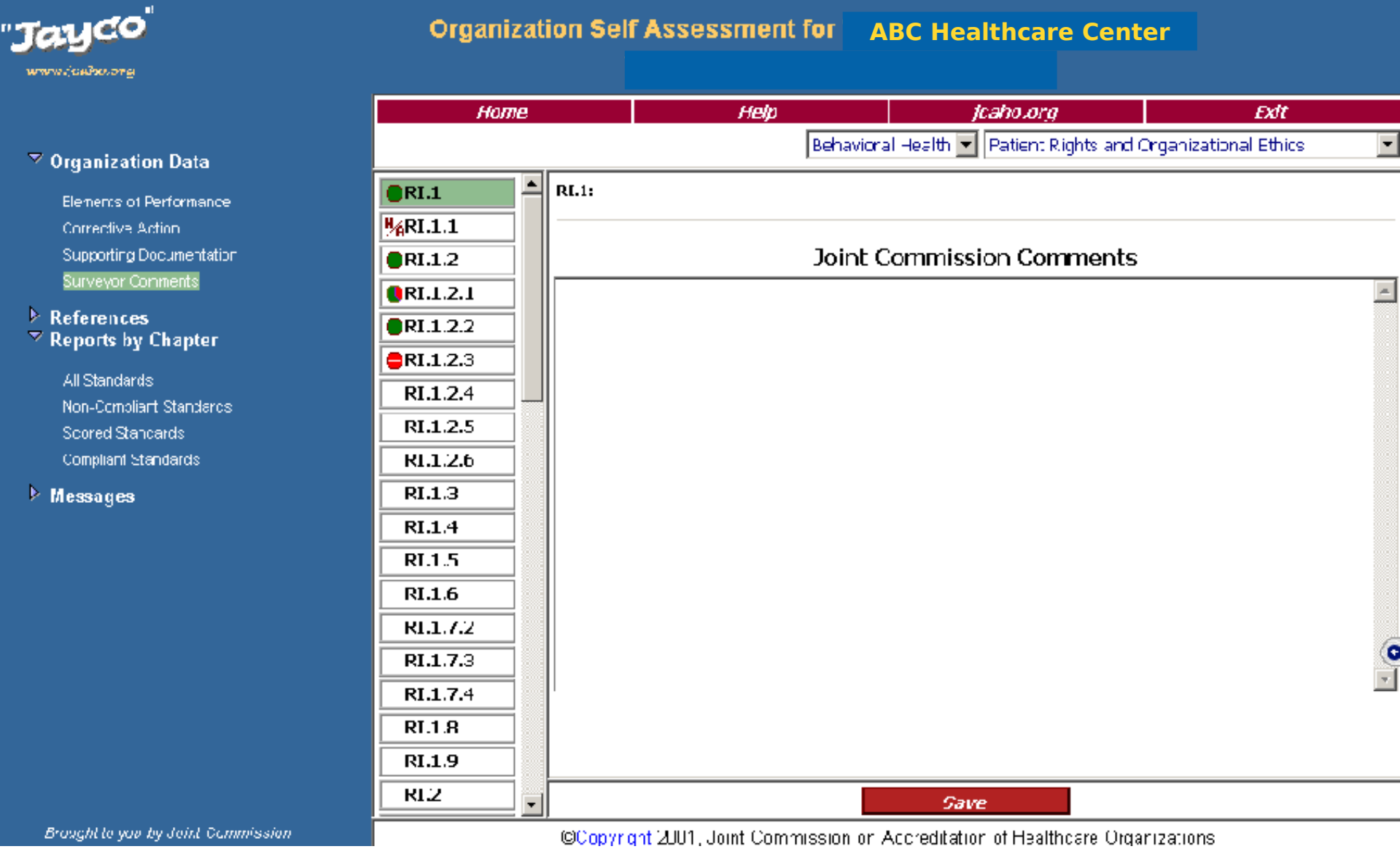

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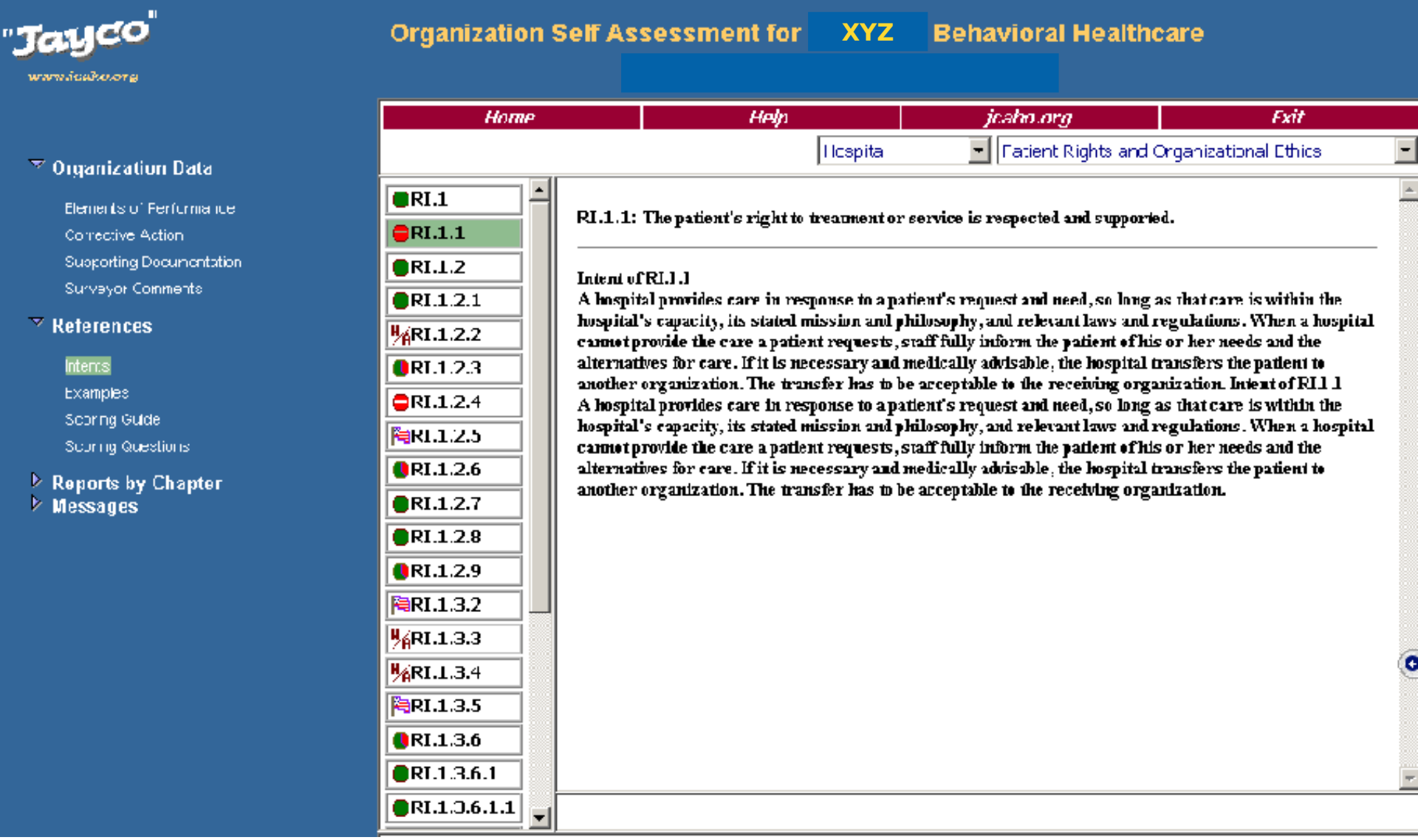
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RI.1
RI.1.1
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RI.1.2.3
RI.1.2.4
RI.1.2.5
RI.1.2.6
RI.1.2.7
RI.1.2.8
RI.1.2.9
RI.1.3.2
RI.1.3.3
RI.1.3.4
RI.1.3.5
RI.1.3.6
RI.1.3.6.1
RI.1.3.6.1.1
RI.1.1: The patient's right to treatment or service is respected and supported.
Intent of RI.1.1
A hospital provides care in response to a patient's request and need, so long as that care is within the hospital's capacity, its stated mission and philosophy, and relevant laws and regulations. When a hospital cannot provide the care a patient requests, staff fully inform the patient of his or her needs and the alternatives for care. If it is necessary and medically advisable, the hospital transfers the patient to another organization. The transfer has to be acceptable to the receiving organization. Intent of RI.1.1
A hospital provides care in response to a patient's request and need, so long as that care is within the hospital's capacity, its stated mission and philosophy, and relevant laws and regulations. When a hospital cannot provide the care a patient requests, staff fully inform the patient of his or her needs and the alternatives for care. If it is necessary and medically advisable, the hospital transfers the patient to another organization. The transfer has to be acceptable to the receiving organization.

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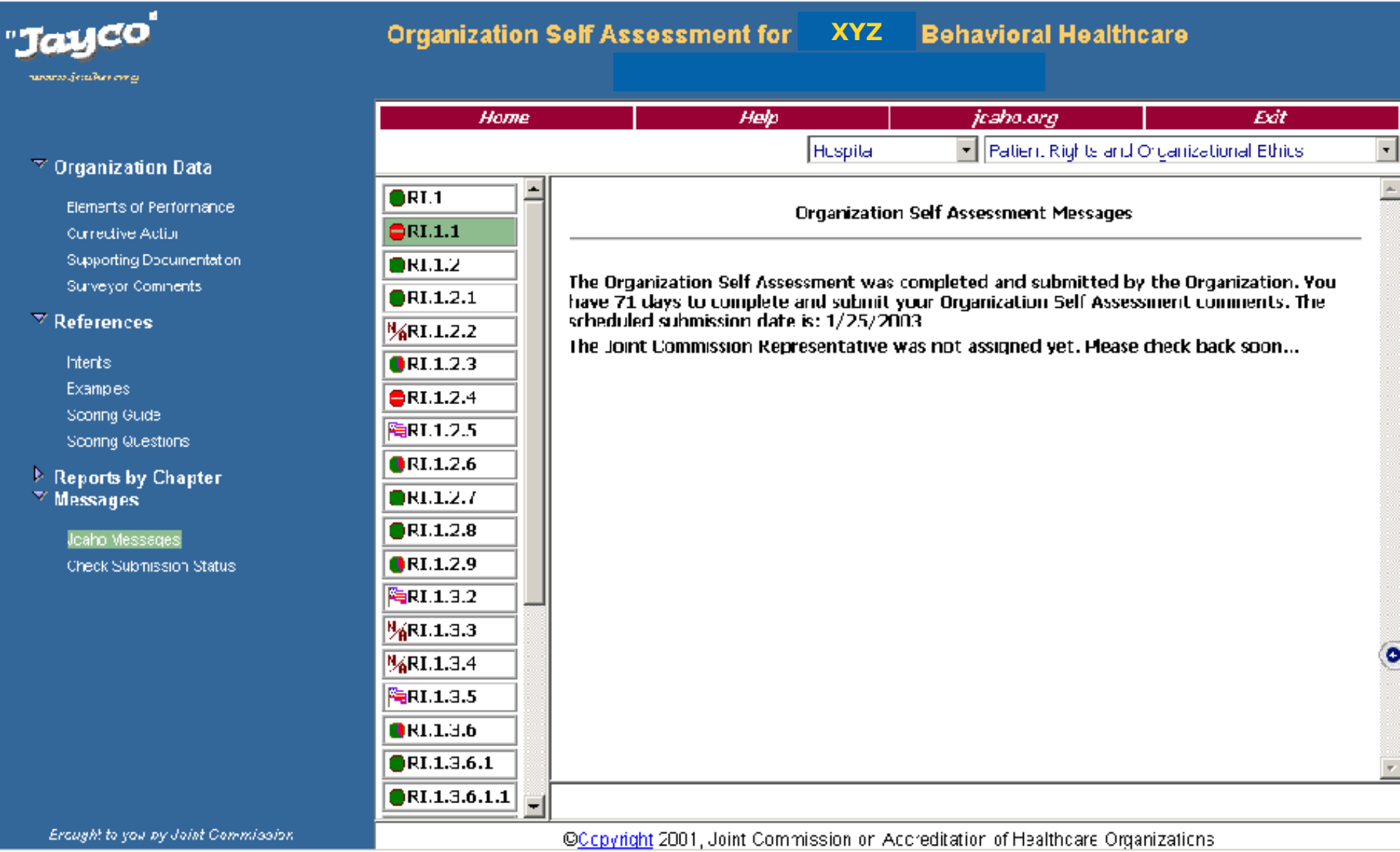

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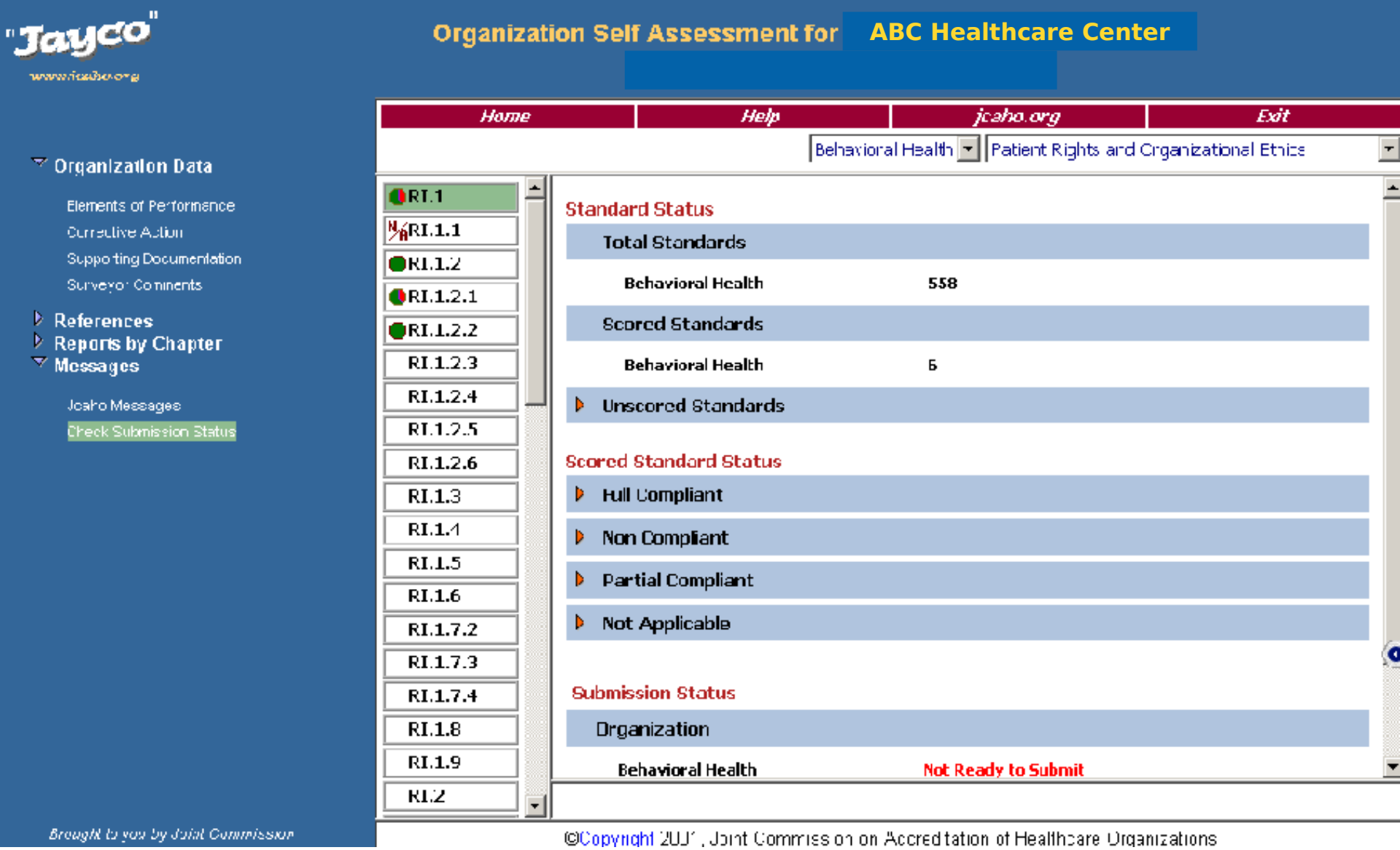

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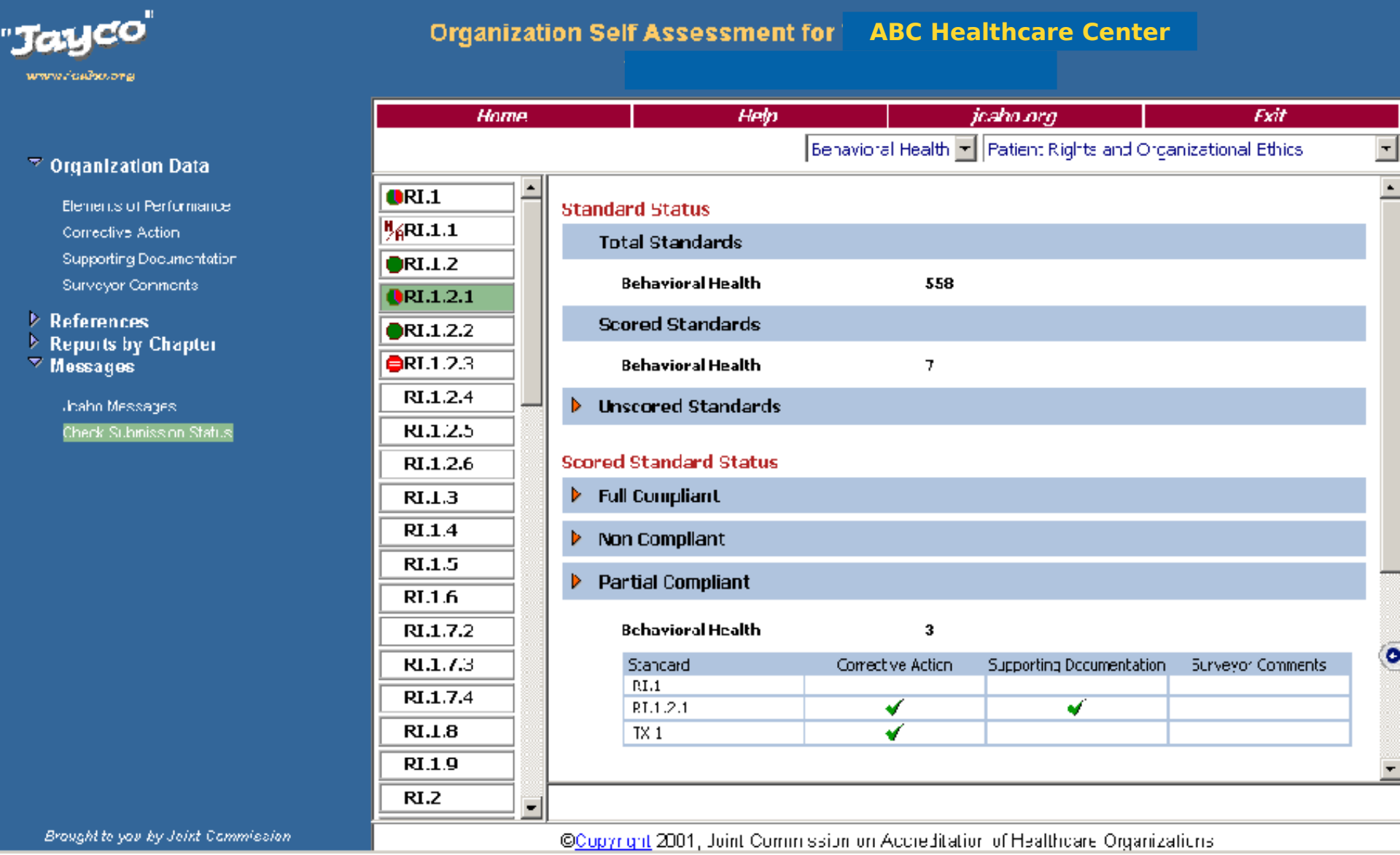

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Partial Compliant and Non-Compliant Standards

Program: Behavioral Health

Function: Patient Rights and Organizational Ethics

Standard	Elements of Performance	User Score
RI.1.2.1		
	1. The individuals served are given information about the staff responsible for their care.	No
	2. Information includes the identity of the physician, practitioner or provider who has primary responsibility for the care and services.	Usually
	3. Information includes the identity and professional status of persons responsible for authorizing and performing procedures or treatments.	Always
	4. Information includes notice of, and reasons for, any proposed change in the staff responsible for the care.	Sometimes
	5. Info incl an explanation of any prof relations among people who are treating the individual & any other health care or educational institutions involved in care.	Rarely

Problem Description: Problem Description for standard RI.1.2.1

Corrective Action: Corrective Action Plan for standard RI.1.2.1

Person Responsible: Scott Watkins **Due Date:** November 29, 2002

Supporting Documentation: Supporting Documentation

Surveyor Comments: None

Reviewer: Mr. Jones, Mark

RI.1.2.3

Priority Focus Process

Priority focus process overview

- The goal of the priority focus process (PFP)
  - Modify the survey process by providing consistent focus on issues most relevant to patient safety and quality of care specific to the health care organization (HCO) being surveyed.
- PFP will provide the process and infrastructure to:
  - Convert pre-survey data into information that focuses survey activities (consistency)
  - Position the Joint Commission to customize the accreditation process (specificity)

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Changing data into information

- PFP uses automation to gather pre-survey data from multiple sources
  - Joint Commission data (QMS, ORYX core measure)
  - Data supplied by the HCO (e-app, self-assessment)
  - Publicly available data (MedPar)
- PFP then applies “rules” to identify
  - Potential processes to address
  - Relevant standards
  - Appropriate survey activities

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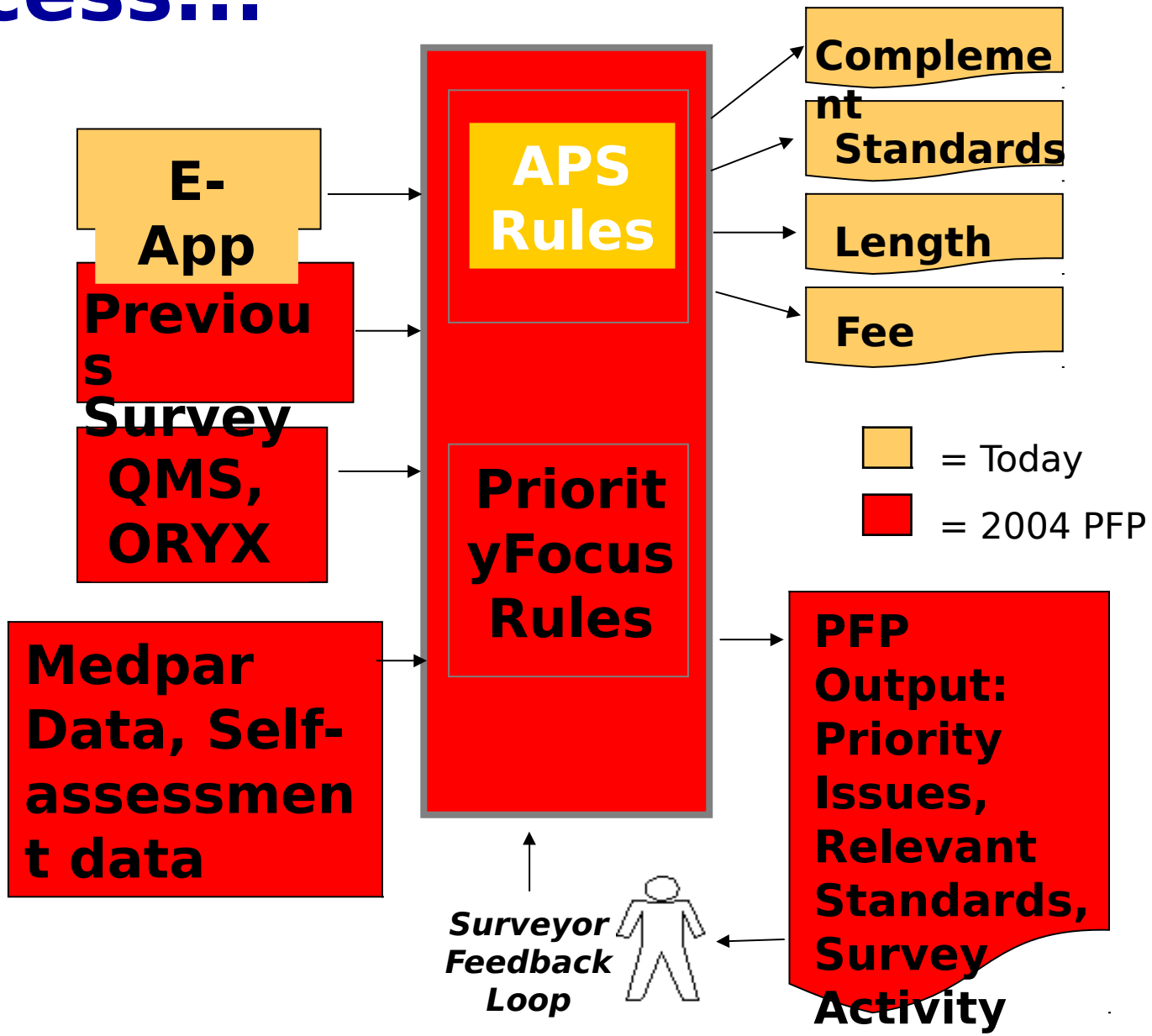
Future rules driven priority focus process...



PFP content development

- In order to develop the PFP, we did research and conducted focus groups to identify data that are associated with priority issues – we call these critical focus areas
- We then identified a process to obtain these data from multiple sources, and to use automation to sort the data
- These data will be used in the PFP.

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Critical focus areas

- Defined as processes, systems or structures in a healthcare organization known to significantly impact safety and/or quality care.

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Critical Focus Areas include:

- Assessment
- Communication
- Competency and Credentialing
- Equipment use
- Infection control
- Information Management
- Medication Use
- Organization Structure
- Orientation and Training
- Rights and Ethics
- Physical Environment
- Quality Improvement Expertise and Activity
- Safety Engineering
- Staffing

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PFP information

- Includes the top 4-5 critical focus areas specific to the organization being surveyed
- Includes the clinical service groups most relevant to the organization being surveyed
- Will be sent to organizations with their self-assessment and 1-2 weeks prior to survey

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Next steps for PFP

- Field review and pilot testing of the priority focus process in 2003.
- Implementation of PFP across six programs in January 2004.
  - Hospital
  - Homecare
  - Long Term Care
  - Behavioral Health
  - Ambulatory
  - Laboratory

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Systems Analysis & Education:

the goals of a new survey agenda

Goals of the New Survey Process

- Incorporate the use of the priority focus process and self-assessment.
- Incorporate the use of the tracer methodology to focus on direct patient care.
- Allow more time for education on high-priority issues.
- Better engage physicians and other direct care providers
- Provide an organization systems analysis

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Fine-tuning the survey process

- The new survey agenda will be more in sync with the HCO's normal operational systems
- Fewer formal interviews – more attention to actual individuals receiving care
- Use of pre-survey, focused information and self-assessment will allow a survey process to be customized to the settings, services and populations specific to the HCO being surveyed

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Elements of the New Agenda

- Opening and closing conferences
- Leadership conference
- EOC Review
- HR and Credentialing Review
- Validation of self-assessment findings and corrective action plan implementation
- PFP-guided visits to patient care areas using the tracer methodology
- In-depth evaluation and education regarding high priority safety and quality of care issues

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Current Survey Process	2004 Survey Process
Opening conference	Opening conference
Document review session	
Visits to patient care settings	Unit visits guided by PFP and tracer methodology
Function interviews	Environment of care interview
Leadership interview(s)	Leadership interview(s)
On-site assessment of compliance with all standards	*Organizations assess their own compliance with all standards in self-assessment*
Building tour/environment of care interview	EOC review guided by PFP and integrated for some aspects with tracers
	Validation of the organization's implementation of its corrective action plan created as part of self-assessment
	Interactive education on topics that are a priority for the organization
Leadership exit/Closing conference	Leadership exit/Closing conference

* Derived from October 2002 issue of *Perspectives*

Tracer methodology- a systems approach to evaluation

- The approach, known as the tracer methodology, traces a number of patients through the organization's entire health care process.
- As cases are examined, the surveyor may identify performance issues in one or more steps of the process – or in the interfaces between processes.

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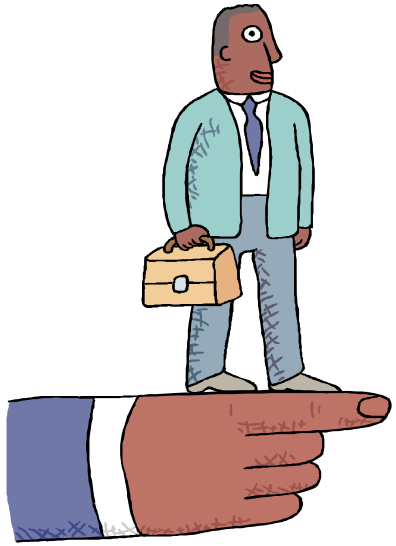
In the end, the success of a new on-site process will be in the hands of the surveyor.



Enhanced surveyor development

- Certification exam administered to all surveyors in January 2002
- Distance learning methodologies developed and implemented
- “Virtual” classroom technology

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Surveyor Support and Development

- Assigned surveyor mentors/supervisors to direct field observation
- Created feedback reports profiling surveyor performance against the mean
- Contracted with Kellogg School of Management (NWU) to deliver didactic and distance learning curricula related to Organizational Systems Analysis in 2003

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Complex organizations

- Current survey process requires the use of standards from at least two JCAHO accreditation manuals
- Complex organizations will have more streamlined accreditation surveys.
- Changes will make the accreditation process more customized, focused, efficient, and educational.
- Replaces the “tailored survey”.

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New survey process for complex organizations

- Generalist surveyors survey standards that apply to multiple programs (i.e. hospital, home care, long term care) **once** across the entire complex organization.
- Specialist surveyors survey standards requiring evaluation at an individual program level.

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Post survey process will change, too…

- Scoring will be on a three-point scale
- Type I and supplemental recommendations will be replaced with “requirements for improvement”
- The surveyor will leave a final report on site

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What will the follow-up be?

- The HCO will have 30 days after survey to send JCAHO “evidence of standards compliance” (ESC) – i.e., what they have done to come into compliance with the standard
- At this time the HCO will also submit an indicator or measure of success that they will use to assess sustained compliance over time
- Six months after survey, the HCO will submit data on their measure of success to demonstrate track record

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What about revisions?

- There will no longer be the need for revisions…
  - During the 30 days after survey, the HCO can send information to JCAHO to demonstrate what they have done to come into compliance, OR, to demonstrate that they were in compliance at the time of survey
  - During this 30 day time period, the HCO maintains its current accreditation status

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If no ESC submission within 30 days?

- After 30 days, the HCO will move into the “Provisional Accreditation” status
- This status will be disclosable

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The final accreditation decision

- Will be made after the JCAHO receives and approves the HCO's "evidence of standards compliance" and measure of success
- The HCO will then be in the "Accredited" status

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Aligning the decision and reporting process

- The future process will differentiate between accreditation categories rather than within a single category
- The new decision process emphasizes continuous improvement in key safety and quality areas.

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Accreditation Decisions

- Elimination of the published category of Accredited with Requirements for Improvement
- New decision rules for Conditional and Preliminary Denial of Accreditation (PDA) decisions
- Elimination of the disclosure of standards compliance scores to the HCO or the public

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In the future, Quality Reports…

- Will replace performance reports
- Will include new information relative to quality and safety
  - Performance on National Patient Safety Goals
  - ORYX core measures
  - Special recognitions/achievements (e.g., Codman award winner)

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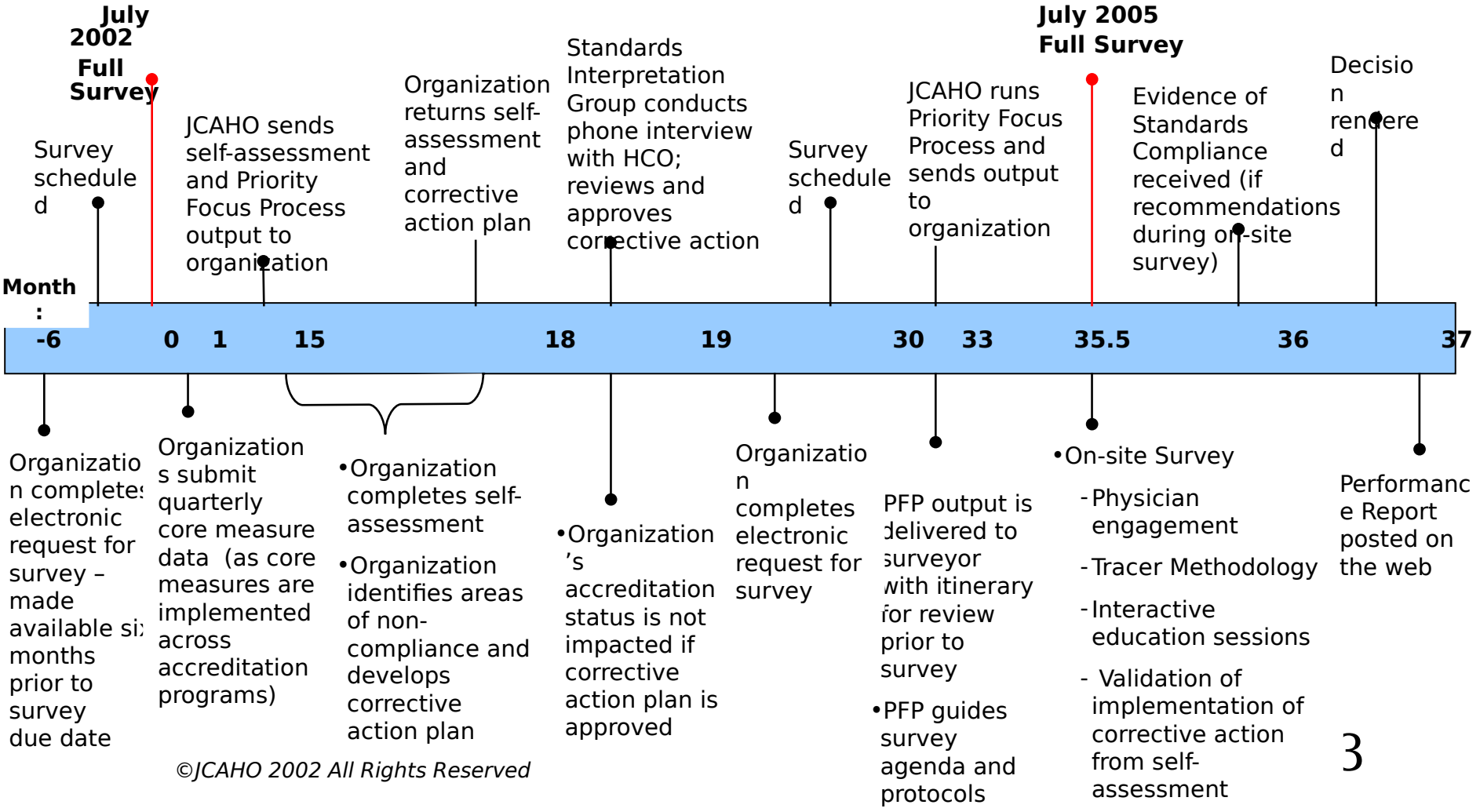
Shared Visions—New Pathways: Triennial accreditation cycle

Example of HCO surveyed in July 2002


July 2002 Full Survey
July 2005 Full Survey
Survey scheduled
JCAHO sends self-assessment and Priority Focus Process output to organization
Organization returns self-assessment and corrective action plan
Standards Interpretation Group conducts phone interview with HCO; reviews and approves corrective action
Survey scheduled
JCAHO runs Priority Focus Process and sends output to organization
Evidence of Standards Compliance received (if recommendations during on-site survey)
Decision rendered
Month:
-6
0
1
15
18
19
30
33
35.5
36
37
Organization completes electronic request for survey – made available six months prior to survey due date
Organizations submit quarterly core measure data (as core measures are implemented across accreditation programs)
•Organization completes self-assessment
•Organization identifies areas of non-compliance and develops corrective action plan
•Organization's accreditation status is not impacted if corrective action plan is approved
Organization completes electronic request for survey
PFP output is delivered to surveyor with itinerary for review prior to survey
•PFP guides survey agenda and protocols
•On-site Survey
- Physician engagement
- Tracer Methodology
- Interactive education sessions
- Validation of implementation of corrective action from self-assessment
Performance Report posted on the web

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Shared Visions - New Pathways

An innovative approach to meeting America's patient safety and quality improvement goals

Contact us

E-mail your questions, comments or suggestions to

sharedvisions@jcaho.org

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